

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

AKANIXENE WILLIAM ETUK

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

NEW YORK POLICE DEPARTMENT, JACOBI
MEDICAL CENTER, BRONXWORKS, DHS
OFFICER HARVEY #825, MISS GENESIS,
AND JOHN DOE OFFICERS 1-10

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

VIOLATION OF RIGHT TO TRAVEL, VIOLATION OF RIGHT TO PRIVACY, EXCESSIVE FORCE, FALSE IMPRISONMENT, VIOLATION OF AMERICANS WITH DISABILITIES ACT (ADA), VIOLATION OF HIPAA, DUE PROCESS VIOLATIONS

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

AKANIYENE N ETUK
First Name Middle Initial Last Name

2404 ATLANTIC AVENUE # 04
Street Address

BROOKLYN NY 11233
County, City State Zip Code

(818) 485 9411 (929) 676-0970 awetuk002@gmail.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: NEW YORK CITY POLICE DEPARTMENT
 First Name Last Name

Current Job Title (or other identifying information)
1 POLICE PLAZA

Current Work Address (or other address where defendant may be served)
NEW YORK NY 10038
 County, City State Zip Code

Defendant 2: JACOBI MEDICAL CENTER
 First Name Last Name

Current Job Title (or other identifying information)
1400 PELHAM PARKWAY SOUTH

Current Work Address (or other address where defendant may be served)
BRONX NY 10461
 County, City State Zip Code

Defendant 3: BRONXWORKS
 First Name Last Name

Current Job Title (or other identifying information)
3600 JEROME AVE

Current Work Address (or other address where defendant may be served)
BRONX NY 10467
 County, City State Zip Code

Defendant 4:

Miss GENESIS, DHS OFFICER HARVEY # 825
First Name Last Name

Current Job Title (or other identifying information)

3600 JEROME AVENUE

Current Work Address (or other address where defendant may be served)

BRONX

NY

10467

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

SEE ATTACHED MARKED

(3)

United State District Court

United States District Court

Southern District of New York

500 Pearl Street

New York, NY 10007

Akaniyene William Etuk

2402 Atlantic Avenue #o4

Brooklyn, New York 11233

awetuk001@gmail.com

1(818) 485-9411 /1(929) 676-0970

Pro Se Plaintiff

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

Akaniyene William Etuk,

Plaintiff,

v.

New York City Police Department, Jacobi Medical Center, BronxWorks, DHS Officer

Harvey #825, Miss Genesis, and John Doe Officers 1-10,

Defendants.

Case No.: _____

United State District Court

6. Defendant, BronxWorks, is a social services organization located at 3600 Jerome Avenue, Bronx, NY 10467.
7. Defendant, DHS Officer Harvey #825, is an officer assigned to BronxWorks at 3600 Jerome Avenue, Bronx, NY 10467.
8. Defendant, Miss Genesis, is the assistant director at BronxWorks, 3600 Jerome Avenue, Bronx, NY 10467.
9. Defendants John Doe Officers 1-10 are officers of the NYPD stationed at 215 E 161 St., Bronx, NY 10451, whose identities are currently unknown.

Facts

10. On July 6, 2023, at about 6:34 PM, DHS Officer Harvey #825 and Miss Genesis, the assistant director at BronxWorks, called a team of NYPD officers to Plaintiff's residence at 3600 Jerome Avenue, Bronx, NY 10467, without Plaintiff's permission or any contractual basis.
11. Plaintiff, accompanied by a registered service animal providing essential services, was forcefully taken from his residence by NYPD officers without reason and without a victim, in violation of Plaintiff's right to freedom, liberty, and the pursuit of happiness.
12. NYPD officers forced Plaintiff to identify himself, thereby violating Plaintiff's right to privacy.
13. NYPD officers, DHS Officer Harvey #825, and Miss Genesis made several legal determinations without possessing a license to practice law.
14. NYPD officers and DHS Officer Harvey #825 did not show their identification cards, thus failing to verify themselves as registered policemen.

United State District Court

Count IV: False Imprisonment

33. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

34. Defendants' actions in detaining and transporting Plaintiff and his service animal without lawful justification constituted false imprisonment.

Count V: Violation of the Americans with Disabilities Act (ADA)

35. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

36. Defendants' arrest and detention of Plaintiff and his registered service animal, who was providing essential services at the time, constituted discrimination under the ADA.

Count VI: Violation of HIPAA

37. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

38. Jacobi Medical Center's actions in injecting Plaintiff with a substance without his consent violated HIPAA.

Count VII: Due Process Violations

39. Plaintiff incorporates by reference the allegations set forth in paragraphs 1-26 as though fully set forth herein.

40. Defendants' actions deprived Plaintiff of liberty and property without due process of law, in violation of the Fourteenth Amendment.

United State District Court

Prayer for Relief

WHEREFORE, Plaintiff respectfully requests that this Court enter judgment in his favor and against Defendants, and award Plaintiff:

A. One million dollars (\$1,000,000.00) for each violation of Plaintiff's constitutional rights and the ADA;

B. One million dollars (\$1,000,000.00) for the violation of Plaintiff's registered service animal's rights under the ADA;

C. One million dollars (\$1,000,000.00) for the violation of Plaintiff's rights under HIPAA by Jacobi Medical Center;

D. Punitive damages in an amount to be determined at trial;

E. Declaratory relief stating that Defendants' actions violated Plaintiff's constitutional rights, the ADA, and HIPAA;

F. Injunctive relief preventing Defendants from engaging in similar conduct in the future;

G. Reasonable attorney's fees and costs of this action;

H. Such other and further relief as the Court deems just and proper.

Jury Demand

Plaintiff demands a trial by jury on all issues so triable.



Animal
Care Centers
of NYC

Reunification Form

326 East 110th Street
New York NY 10029
212-788-4000

Agent / Owner's Details

Person ID: 138876
Receipt #: 249314
Receipt Date: 7/12/2023

Person Name: Akaninyene Eink
Person Address: 1923 Mc donald Avenue APT 167
BROOKLYN NY 11223
Home Phone:
Mobile Phone: 818 489 9411
Email: awetuk01@gmail.com

Animal Details:

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 176452	Veillee	Dog	Yes	Black Brown	
Gender	Spayed / Neutered	Age	Incoming Date	License fee	
Female	No	3 Years	6-Jul-2023		

Reunification Details:

Item	Amount
------	--------

Products / Services:

Product / Service	Date	Quantity	Price Each
Microchip Implantation		1	\$0.00
Microchip Implantation		1	\$0.00
Bordetella Vaccine		1	\$15.00
DA2PP Vaccine		1	\$15.00
Dewormer Treatment		1	\$12.00
Medical Exam		1	\$30.00
NYC Dog Licence, unaltered [LICU]		1	\$34.00
Rabies Vaccine		1	\$15.00
Restoration/Redemption Fee		1	\$3.00
Total products / services fee included in payment details below:			\$124.00

Payment Details:

Fee	Amount
Reunification	\$0.00
Dog License	\$0.00
Amount Paid	\$0.00

Notes:

Entered By:456 991311 Printed By:456 991311 Printed On:Jul 12 2023 10:10AM

Reunification Agreement:

REUNIFICATION CONTRACT



Animal
Care Centers
of NYC

Agency Receipt

326 East 110th Street
New York NY 10029
212-788-4000

Person Details

Person ID: 5951
Receipt #: 285399
Receipt Date: 5/25/2024

Person Name: Police 52nd Precinct Police 52nd Precinct

Person Address: 3016 Webster Avenue
Bronx NY 10467

Home Phone:

Mobile/Phone: 718 220 5811

Email:

Identification Type:

ID Number:

Animal Details

Animal ID	Name	Type	Mixed	Color(1)	Color(2)
1 153814	Veillee	Dog	Yes	Black	Tan
Gender	Spayed / Neutered	Age	Primary Microchip #	Rabies Tag	Date In / Found
Female	No	3 Years 8 Months 3 Weeks (approx)	985113005559199	23-278818	25-May-2024

Payment Details:

Fee	Amount
	Amount Paid
	\$0.00

Notes:

Jurisdiction: Bronx

Entered By: 1582 992296 Printed By: 1582 992296 Printed On: May 25 2024 9:47PM Entered By User ID: 1582

Conditions:

ACC's Surrender Prevention program can help you keep your pet! This program can provide you with information about free or low-cost veterinary care, pet food, behavior training, and more. Would you like to speak with an Admissions Counselor for more information? ☐ YES ☐ NO

PLEASE CONSIDER CAREFULLY

ANIMALS SURRENDERED TO ACC ARE CAREFULLY EVALUATED BASED ON AVAILABLE MEDICAL AND BEHAVIOR INFORMATION FOR ADOPTION, TRANSFER TO A RESCUE PARTNER, OR EUTHANASIA (HUMANELY PUT TO DEATH) AT THE SOLE DISCRETION OF ACC.

In consideration of Animal Care Centers of New York City ("ACC") accepting the animal described herein ("this animal"), I understand and agree as follows (please initial each section):

ACC does not guarantee that this animal will be adopted by a member of the public or transferred to a rescue partner. I understand that the length of time the animal may be held and the outcome, including adoption or humane euthanasia, is solely ACC's decision.

ACC may require that questions or other requests regarding the outcome of this animal be made in writing.

If this animal has bitten a person or animal, I will inform ACC.

10/22/22, 12:22 PM

Vet Treatment History



Animal
Care Centers
of NYC

2336 Linden Boulevard
Brooklyn NY 11208
212-788-4000

Vet Treatment History

Owner Details

Akaniyene Etuk
1923 McDonald Avenue APT 167
BROOKLYN NY 11223

818 485 9411
818 485 9411

Animal Details

Name: Veilee
Type: Dog
Mixed: Yes
Color(1): Unknown (update later)
Gender: Female
Spayed / Neutered: Unknown
Age: 10 Months

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment Type	Date Given	Type	Expiration Date	Route Of Admin	Result	Vet	License #
1 Rabies Vaccine	22-Oct-2022	Killed				VET-P 991234	NY-010887
Vet Treatment Type	Due Date						
1 Rabies Vaccine	22-Oct-2023						

Vet Signature:


Dr. Michelle Lugones

Date: 10/22/2022 1:19:00 PM



STORE ♥

SUPPORT -

REVIEWS •

CALL OR TEXT NOW 160-263-1163

REGISTRATION LOOKUP

10614

Print

Akaninyene Elik
1923 Wardsboro Avenue #161, Brooklyn,
NY, 11223
Email
polyphonicxsystems@gmail.com
Phone: 2135630546

Animal #1: Yellee
Breed: Boxweiler
Type: Service Dog

Handler: Akaninyene Eruk
1933 McDonald Avenue #767.
Brooklyn, NY 11233
polyphonic systems design co
m | 2035630546

Registration: 1009076684
Service Medical Alert
Training Status: My Dog Is
'Trained Service animal'

I have housing letter quest.
How to make my dog level.
Forgot my registration no.

NYC
HEALTH+
HOSPITALSJacobi | North Central Bronx JACOBI MEDICAL CENTER
3424 Kossuth Avenue
Bronx NY 10467Patient: Etuk, Akaninyene
MRN: 6545179, DOB: 1/8/1977, Sex: M
Acct #: 268110101
Admit: 7/6/2023, Discharge: 7/6/2023

07/06/2023 - ED in NCB ED Adult (continued)

ED Provider Note (continued)

Attestation signed by Michelle Montenegro, MD at 07/07/23 0339

Review/Sign-off - PA/NP documentation w/ revisions: I have personally seen, evaluated and participated in this patient's care and find this patient's history and physical examination are consistent with the mid-level provider's documentation with the following exceptions/revisions. I spoke with the patient extensively about what happened in the shelter although he does seem to have a baseline paranoia about police he is pleasant calm cooperative with no suicidal or homicidal ideations no visual or auditory hallucinations and a very concrete thought process

Based on her assessment given he is not intoxicated and has no indications for forced psychiatric evaluation he will be discharged

He has no edema or point tenderness to suggest fractures therefore imaging ordered was not performed as suspicion for bony injuries significantly low

No head trauma

No focal neurological deficits

The patient is not intoxicated on interview

The patient was discharged in stable condition

Diagnoses addressed included:

1. Aggressive behavior

Note Initiated: 07/06/2023 at 9:02 PM

Encounter Date: 7/6/2023

Chief Complaint:

Chief Complaint

Patient presents with

- Aggressive Behavior

History of Present Illness:

46-year-old male with PMHx of carpal tunnel syndrome in the right wrist, delusional disorder, psychosis BIB NYPD to ED for aggressive behavior. As per officers pt was threatening other shelter residents with his dog, telling his dog to attack them. Pt states he was not being aggressive when NYPD officers came to his door and began harassing him. States NYPD officers kicked him in his back and hurt his R wrist. States NYPD is 'after him' and 'out to get him' for no reason. No head trauma. Denies SI/SA
Pt is A&O. Denies all ROS.

History provided by: Patient, EMS personnel and police

History:

Past Medical History:

Diagnosis

- Adjustment disorder
- Conduct disorder
- Known health problems: none
- Psychosis (HCC)

Date

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

SEE ATTACHED MARKED

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

SEE ATTACHED MARKED

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06/24/2024
 Dated _____ Plaintiff's Signature [Signature]
AKANIYENE W ETUK
 First Name Middle Initial Last Name
2404 ATLANTIC AVENUE # 04
 Street Address
BROOKLYN NY 11233
 County, City State Zip Code
(818) 485-9411 (929) 676-0970 awetuk001@gmail.com
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.